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PTO/SB/06 (8-96)
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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
no persons are required to respond to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 43064-0017 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR **SMALL ENTITY** (Column 2) (Column 1) **FOR NUMBER EXTRA** NUMBER FILED **RATE FEE RATE** FEE **BASIC FEE** \$ 375 \$_ OR (37 CFR 1.16(a)) **TOTAL CLAIMS** 42 minus 20 =22 0 198 x - 0 =x = 9 =OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS 6 minus 3 =3 0 = OR x = 42 =126 0 (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0 0 OR 699 0 **TOTAL** OR * If the difference in column 1 is less then zero, enter "0" in column 2 TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITY **SMALL ENTITY** (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL **AMENDMENT** TIONAL RATE **AFTER PREVIOUSLY EXTRA FEE** FEE **AMENDMENT** PAID FOR Total OR ** x \$_ 0 = 37 Minus 0 0 42 = 0 c = 0(37 CFR 1.16(c)) OR Independent *** Minus = 4 0 6 0 0 0 = 0 = (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 0 0 OR TOTAL TOTAL OR 0

(Column 1)				(Column 2)	(Column 3)	ADDIT. FEE		ADDIT. FEE		U
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE x \$0 =	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	* 37	Minus	** 42	= 0		0		x \$ <u>0</u> =	0
	Independent (37 CFR 1.16(b))	* 4	Minus	***	= 0	x <u>0</u> =	0	OR OR	x <u>0</u> =	0
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				(37 CFR 1.16(d))	+=	0	OR	+=	0
(Column 1) (Column 2)				(Column 3)	TOTAL ADDIT, FEE	0	OR A	TOTAL DDIT. FEE	0	
		CLAIMS		HOURAN	, -ù					

		(**************************************		(Corumni 2)	(Column 3)	<u> </u>		_		
MENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE x \$=	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=		0		x \$=	0
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x=	0	OR OR	x =	0
<i>†</i>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+=	0	OR	+=	0
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						0	OR A	TOTAL DDIT. FEE	0

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.